



AUG 23 2007

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

IUAN Guerrero Melchor
(Name of Plaintiff)

vs.

officer Auralaid
officer Dornay
officer Fox

(Names of Defendants)

#02-0853-2sm-JPD

CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983



07-CV-00853-CMP

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner:
☐ Yes ☒ No

B. If your answer to A is yes, how many? 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (give name of District) _____

3. Docket Number _____

4. Name of judge to whom case was assigned _____

5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. Place of Present Confinement: CADC-Florence AZ.

A. Is there a prisoner grievance procedure available at this institution? ☒ Yes ☐ No

B. Have you filed any grievances concerning the facts relating to this complaint?

☒ Yes ☐ No

If your answer is NO, explain why not _____

C. Is the grievance process completed? ☒ Yes ☐ No

Re - medical -

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

A. Name of Plaintiff: IVAN GUERRERO Melchor Inmate No.: 69324-208

Address: P.O. Box. 6300, Florence - AZ - 85232

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant Auralaid officer; official position Bicycle/Police,
place of employment Seattle Washington police dept.

C. Additional defendants off. fox. Bicycle police Seattle wa
Dep't., and officer Dornay Bicycle police Dep't
of Seattle wa.

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

I was arrested by the officers of the Bicycle patrol of Seattle wa. on January -27-2004
 During the arrest I was kicked and was
 transfer to the west precinct of the Seattle Dep't
 and I was assaulted by one of the officers
 at the Holding Cell. and I was transfer to
 King Co. Jail...

I was assaulted at the arrest and at
 the precinct on the (west precinct) 3 days
 latter I was Released.

The assault was at the police precinct!!
 Not King Co. Jail.

Due to this: ~~assaulted me~~
 Police Brutality By assaulted me after
 the arrest and at the arrest on the
 Street, I received Serious Body injuries and
 a fracture skull and Broken nose and
 other Body injuries.

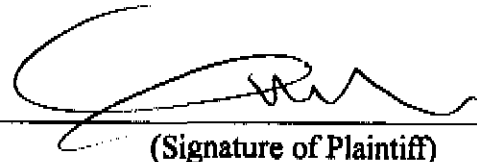
V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

the ~~Plaintiff~~ Plaintiff is seeking Relief at as
injunctive Relief for my medical surgery to
fix my fracture skull and Broken nose as well
monetary money Relief, for pain and Suffering.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of August, 2007.



(Signature of Plaintiff)

Iron Guerrero Melchor.

#69324 208

P.O. Box Florence .AZ

-85232-

Sick Call Request

FILED
LOBBED
RECEIVED

MAIL

AUG 23 2007

Part A: (to be completed by Inmate/resident)Inmate/Resident Name: Ivan Guerrero MelchorInmate/Resident Number: 61324208 Date: 27 26-July-07

Work Assignment: _____

Work Hours: _____ Housing Assignment: 400 H-201Reason for requesting Health Services Appointment (BE SPECIFIC): I have an oldold injury broken nose and fracture skulland I still have pain ~~in my head~~How long have you had this problem? 3 years or so

Inmate/Resident Signature: _____

Print Name: Ivan Guerrero Melchor

↓ DO NOT WRITE BELOW THIS LINE ↓

Part B: (to be completed by Health Services personnel)Health Services Reply: OK

Health Services Signature: _____

Date: 7/29/07

White Copy: To Medical Records

Yellow Copy: To Inmate/Resident

Ivan Guerrero Melchor

69324-208

P.O. Box 6300

Florence AZ

-85232-

PHOENIX AZ 850

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Legal Assistant

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